Date: [Date]

RE: [Patient Name]
DOB: [Date of Birth]

Dear [Referring Provider Name],

Thank you for referring [Patient Name] to the Sleep Medicine Clinic for evaluation. Following a comprehensive review of the patient's clinical history and diagnostic testing, the patient has been discharged from our specialty care.

Clinical Summary:
The patient was evaluated for [Primary Symptom/Diagnosis, e.g., Obstructive Sleep Apnea]. Evaluation included [e.g., Polysomnography, Home Sleep Apnea Test, Clinical Consultation].

Final Diagnosis:
1. [Diagnosis 1]
2. [Diagnosis 2]

Management and Outcome:
The patient has achieved the following treatment milestones:
- [e.g., CPAP compliance and symptom resolution]
- [e.g., Implementation of Sleep Hygiene/Behavioral strategies]
- [e.g., Achievement of stable medication regimen]

Recommendations for Continued Care:
1. [Instructions for long-term management]
2. [Prescription refill instructions]
3. [Specific symptoms that should prompt re-referral]

The patient has been instructed to follow up with your office for routine health maintenance. All relevant test results and clinical notes are attached for your records. We remain available should the patient require further specialist intervention in the future.

Sincerely,

[Physician Name]
[Clinic Name]
[Contact Information]